Editorial
This Issue of the Journal of Urban Health

This second issue of *The Bulletin of the New York Academy of Medicine: A Journal of Urban Health*, representing the new mission of The New York Academy of Medicine, presents several papers dealing with some of the most important issues in health today.

In his lead-off article on the manpower shortage in primary care, Schroeder presents a challenging proposal for ameliorating the problem: changes in the financial incentive structure of the federal direct and indirect reimbursement for graduate medical education if a voluntary shift does not occur. This proposal is now a part of the current health care reform policy discussion, unthinkable as that proposal might have seemed a few years ago.

Urban hospitals have faced great challenges in the 1980s. Surprisingly, as Berliner demonstrates in his article, the innovations of the 1980s—primarily health maintenance organizations—had remarkably little impact on the four urban hospital services he studied, but the increases in the number of poor and the rise in social pathology have put urban hospitals in a precarious economic situation. As health care reform unfolds there is a need to study the special circumstances of the large urban hospitals if they are to survive to serve the most needy populations.

The next two articles deal with the seemingly intractable problems of drug abuse and homelessness, both blights on urban societies. Newman's review of the methadone success story in the treatment of heroin addiction is a welcome antidote to the naysayers of the 1980s who asserted that "nothing works." Even those patients with polydrug use improved, although cure is rare and, indeed, not a reasonable goal for most chronic conditions.

Brickner and colleagues document the prevalence of homelessness, it's many causes, and the associated health problems. He and his group have served this population for many years with some success. As with substance abuse, prevention and cure lie outside the health care system, but problems associated with homelessness and substance abuse revert to the health care system in the emergency rooms and hospitals. Many of these homeless people are better off today because of the dedicated service of Brickner's group, as are the heroin addicts fortunate enough to receive care in methadone clinics.

Two more hopeful stories of urban health initiatives are presented in the articles on health education in school settings. Waller's program, "Growing Healthy," has been implemented throughout the New York City school system in most grade levels—a remarkable achievement. Resnicow's article describes a more intensive program named "Know Your Body," which requires more training of the teachers but has proven to have a positive impact on young people's health behavior and health. Both programs have the theoretical advantage that they involve active learning rather than the all-too-often passive form that has characterized health education in the past. Few preventive programs hold more hope for the future good health of our citizens than effective school health education programs. The question facing policy makers now is how these relatively small studies can be taken to scale in many additional sites and still maintain program fidelity and efficacy. Both of these programs hold great hope for the future in that they seek to prevent several problem behaviors and diseases in a comprehensive way rather than having a separate program for each disorder.

Two papers on the health status and needs of adolescents and youth follow. Brown documents the health problems of that largely invisible group of young people—those in jail. Their high rates of disease argue forcibly for more and better health services for incarcerated youth. Lack of communication between the various agencies is a special problem for these services, although the problem is not unknown in most other health care organizations. In their paper, Klein and his colleagues in adolescent medicine summarize

the current health status, use of health services, and barriers to access among adolescents nationally. They present The Society for Adolescent Medicine's new seven-point criteria for judging the adequacy of access for this population. These provide an excellent template against which communities may judge the services available to their adolescents. The current status of school-based clinics for adolescents is detailed in this paper. The more than 600 such comprehensive programs are another example of the potential of school-based services for children. But in spite of the numbers of such school-based clinics, their quality compared with the great need leaves much to be desired.

The lead abatement program in New York City reported by Goodman and his associates presents a sensible way to approach this common problem. Although some call for complete elimination of lead from the environment, and although it would be desirable to eliminate all lead, if resources were available, it is important to consider what such an expenditure would mean in reduced spending for other child health programs. Although there remains some controversy concerning the impact of the new and lower threshold of 10 μg/dL mean in terms of its detrimental effect on all children, it seems that any reduction of intellectual potential in multiple-high-risk children should be avoided. Such levels in low-risk children probably are much less important. The New York City program could add other family and individual child risks, such as having low birth weight, to the three-tiered risk assessment, refining the risk assessment scale further and addressing those homes most needing abatement. This sensible program has been associated with continued reduction in lead levels in New York City children. Whether this is due to the program or not cannot be determined.

From time to time *The Bulletin* will publish articles concerning medical history. The first such scholarly article appears in this issue. The fascinating story of the development of The Hadassah Medical Organization's growth from a few visiting nurses in 1912 to the present extensive network of clinics and hospitals is documented. The program included an especially appealing blend of public health and community-based primary care services through to ter-

tiary care under one organization. In this time of health care reform in the United States, this example is important. The two daughters of Aesculapius, Hygeia and Panacea, represent prevention and cure, respectively. In our health services these two services must receive balanced attention. The example of Hadassah is well worth remembering as we seek to develop an integrated system of health care in today's health care reform environment.

THE EDITOR